

Town of Reading



FY23 Health and Dental Rates

Health Plans	Coverage	26 Pays (29%)	21 Pays (29%)	Monthly (29%)	Monthly (100%)	COBRA (102%)
HMO Blue New England Options	Individual	\$ 124.58	\$ 149.49	\$ 249.16	\$ 859.16	\$ 876.34
	Family	\$ 333.70	\$ 400.44	\$ 667.40	\$ 2,301.39	\$ 2,347.42
PPO Blue Options	Individual	\$ 125.70	\$ 150.84	\$ 251.41	\$ 866.92	\$ 884.26
	Family	\$ 336.72	\$ 404.06	\$ 673.43	\$ 2,322.18	\$ 2,368.62

Dental Plan	Coverage	26 Pays (100%)	21 Pays (100%)	Monthly 100%	COBRA (102%)
Dental Blue	Individual	\$ 25.15	\$ 30.18	\$ 50.30	\$ 51.31
	Family	\$ 65.63	\$ 78.75	\$ 131.25	\$ 133.88

Medicare Plan	Coverage	Monthly (29%)	Monthly (100%)
Medex w/ Medex RX	Individual	\$ 101.88	\$ 351.31
Iviedex W/ Iviedex KA	Family	\$ 203.76	\$ 702.62

updated for January 1, 2023